

Adjunct Basic Plan and Optional Rider Monthly Rate Sheet

These rates are in effect as of July 2014

(All rates are subject to change)

		Monthly Individual Coverage	Monthly Family Coverage
Aetna HMO*	Basic Plan	\$143.40	\$1,607.00
Optional Rider	Prescription Drugs	\$136.40	N/A
	Total	\$279.80	\$1,936.80
Cigna Healthcare*	Basic Plan	\$524.34	\$2,285.48
Optional Rider	Prescription Drugs	\$207.01	N/A
	Total	\$731.35	\$2,905.25
Empire EPO**	Basic Plan	\$439.44	\$1,978.13
Optional Rider	Prescription Drugs	\$126.61	N/A
	Total	\$566.05	\$2,288.51
Empire HMO**	Basic Plan	\$200.14	\$1,458.15
Optional Rider	Prescription Drugs	\$126.61	N/A
	Total	\$326.75	\$1,768.53
GHI-CBP/EBCBS	Basic Plan	\$0.00	\$849.85
	Enhanced Reimbursement Schedule	\$6.88	\$17.43
	Total	\$6.88	\$867.28
GHI HMO*	Basic Plan	\$95.04	\$1,150.70
Optional Rider	Prescription Drugs	\$164.93	N/A
	Total	\$259.97	\$1,571.23
HIP Prime HMO	Basic Plan	\$0.00	\$849.85
	Appliance & Private Duty Nursing	Not Currently Available	Not Currently Available
	Total	\$0.00	\$849.85
HIP Prime POS*	Basic Plan	\$676.48	\$2,507.45
Optional Rider	Prescription Drugs	\$464.61	N/A
	Total	\$1,141.09	\$3,639.28
Vytra**	Basic Plan	\$58.20	\$1,111.10
Optional Rider	Prescription Drugs	\$154.34	N/A
	Total	\$212.54	\$1,512.49

NOTE:* Individual prescription drug coverage is provided by the PSC-CUNY Welfare Fund for all healthplans. Currently, family coverage is not available. However, you may elect the optional prescription rider for Aetna HMO, Cigna Healthcare, GHI HMO or HIP Prime POS and have your prescription coverage provided by the healthplan. If you elect the optional prescription rider for any of these plans, you may be eligible to receive a stipend from the PSC-CUNY Welfare Fund.

** If you select the optional prescription rider for these plans, you will pay the full total amount (basic plus optional rider). Your prescription drug coverage will be provided by the healthplan, not through the PSC-CUNY Welfare Fund.

**The following Point-of-Service (POS), Exclusive Provider Organization (EPO),
and Participating Provider Organization/Indemnity (PPO) plans are
offered by the Health Benefits Program**

Health Plan	Phone Number	Web Address
Empire EPO	(800) 767-8672	www.empireblue.com/nyc
GHI-CBP/Empire BlueCross BlueShield		
	Group Health Incorporated: (212) 501-4444	www.emblemhealth.com
	Empire BlueCross BlueShield: (800) 433-9592	www.empireblue.com/nyc
HIP Prime POS	(800) 447-6929	www.emblemhealth.com

**The following Health Maintenance Organizations (HMO)
are offered by the Health Benefits Program**

Health Plan	Phone Number	Web Address
Aetna HMO	(800) 445-8742	www.aetna.com
CIGNA HealthCare	(800) 244-6224	www.cigna.com
Empire HMO	(800) 767-8672	www.empireblue.com/nyc
GHI HMO	(877) 244-4466	www.emblemhealth.com
HIP PRIME HMO	(800) 447-6929	www.emblemhealth.com
Vytra Health Plans	(800) 448-2527	www.vytra.com